

EXHIBIT A

Medical Plan Summary Plan Description

January 2012

For eligible employees who participate in the benefit programs of:

- Novartis Pharmaceuticals Corporation
- Novartis Institutes for BioMedical Research, Inc.
- Novartis Corporation
- Novartis Clinical Operations, Inc.
- Novartis Federal Credit Union
- Novartis Services, Inc.
- Novartis Finance Corporation
- Novartis Vaccines and Diagnostics, Inc.
- Protez Pharmaceuticals, Inc.
- Genoptix, Inc.
- Latin America Services, Inc.
- Cartesian Medical Group, Inc.

If you have a life-threatening sickness or condition (one which is likely to cause death within one year of the request for treatment) Horizon BCBSNJ may, in its discretion, determine that an experimental or investigational service meets the definition of a covered health service for that sickness or condition. For this to take place, Horizon BCBSNJ must determine that the procedure or treatment is promising, but unproven, and that the service uses a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health.

- **Home Health Agency.** A program or organization authorized by law to provide health care services in the home.
- **Hospital.** This is an institution, operated as required by law, that meets these conditions:
 - It is primarily engaged in providing health services, on an inpatient basis, for the acute care and treatment of injured or sick individuals. Care is provided through medical, diagnostic and surgical facilities, by or under the supervision of a staff of doctors.
 - It has 24 hour nursing services.

A hospital is not primarily a place for rest, custodial care or care of the aged and is not a nursing home, convalescent home or similar institution.

- **Injury.** This includes bodily damage other than sickness, including all related conditions and recurrent symptoms.
- **Inpatient Rehabilitation Facility.** A hospital (or a special unit of a hospital that is designated as an inpatient rehabilitation facility) that provides rehabilitation health services (physical therapy, occupational therapy and/or speech therapy) on an inpatient basis, as authorized by law.
- **Inpatient Stay.** An uninterrupted confinement, following formal admission to a hospital, skilled nursing facility or inpatient rehabilitation facility.
- **Medically Necessary.** Horizon BCBSNJ determines whether nor not covered services and supplies are medically necessary only to determine benefits under the plan. No benefits are payable unless Horizon BCBSNJ determines the services or supplies are medically necessary.
- **Mental Health Services.** Covered health services for the diagnosis and treatment of mental illnesses. The fact that a condition is listed in the current Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment for the condition is a covered health service.
- **Mental Health/Substance Abuse Designee.** The organization or individual, designated by Horizon BCBSNJ, that provides or arranges mental health services and substance abuse services for which benefits are payable under the plan.
- **Mental Illness.** Those mental health or psychiatric diagnostic categories that are listed in the current Diagnostic and Statistical Manual of the American Psychiatric Association, unless those services are specifically excluded under the plan.
- **Network.** When used to describe a provider of health care services, this means a provider who has a participation agreement in effect with the claim administrator or an affiliate (directly or through one or more other organizations) to provide covered health services to covered persons. A provider may enter into an agreement to provide only certain covered health services, but not all covered health services, or to be a network provider for only some of our products. In this case, the provider will be a network provider for the health services and products included in the participation agreement, and a non-network provider for other health Services and products. The participation status of providers will change from time to time.
- **Network Benefits.** Benefits for covered health services that are provided by a network physician or other network provider.
- **Out-of-Network Benefits.** Benefits for covered health services that are provided by a non-network physician or other non-network provider.

- **Unproven Services.** These are services that are not consistent with conclusions of prevailing medical research which demonstrate that the health service has a beneficial effect on health outcomes and that are not based on trials that meet either of the following designs.
 - Well-conducted randomized controlled trials. (Two or more treatments are compared to each other, and the patient is not allowed to choose which treatment is received.)
 - Well-conducted cohort studies. (Patients who receive study treatment are compared to a group of patients who receive standard therapy. The comparison group must be nearly identical to the study treatment group.)

Decisions about whether to cover new technologies, procedures and treatments will be consistent with conclusions of prevailing medical research, based on well-conducted randomized trials or cohort studies, as described.

If you have a life-threatening sickness or condition (one that is likely to cause death within one year of the request for treatment) Horizon BCBSNJ and the claims administrator may, in our discretion, determine that an unproven service meets the definition of a covered health service for that sickness or condition. For this to take place, Horizon BCBSNJ and the claims administrator must determine that the procedure or treatment is promising, but unproven, and that the service uses a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health.

- **Urgent Care Center.** A facility, other than a hospital, which provides covered health services that are required to prevent serious deterioration of your health, and that are required as a result of an unforeseen sickness, injury, or the onset of acute or severe symptoms.

What Is Not Covered

In addition to any specific exclusion described in the preceding pages, and unless coverage is specifically provided by the plan, the PPO and indemnity options do not cover and do not pay benefits for expenses related to services or supplies that are not a covered expense, and drugs, treatment, or supplies considered investigational, unproven or experimental.

The plan will not pay benefits for any of the services, treatments, items, or supplies described in the following information, even if it is recommended or prescribed by a doctor or it is the only available treatment for your condition. The services, treatments, items, or supplies described under "What Is Not Covered" are not covered health services, except as may be otherwise specifically provided for under the plan.

Alternative Treatments

- acupressure,
- aroma therapy,
- hypnotism,
- massage therapy,
- rolfing, or
- other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.

Comfort or Convenience Items

- television,
- telephone,
- beauty/barber service,
- guest service,
- supplies, equipment and similar incidental services and supplies for personal comfort. (examples include air conditioners, air purifiers and filters, batteries and battery chargers, dehumidifiers, and humidifiers),
- devices and computers to assist in communication and speech, or
- home remodeling to accommodate a health need (such as, but not limited to, ramps and swimming pools).

Dental

- dental care (except as described under "Dental")
- preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums (examples include extraction, restoration and replacement of teeth, medical or surgical treatments of dental conditions, and services to improve dental clinical outcomes)
- dental implants
- dental braces
- dental X-rays, supplies and appliances and all related expenses, including hospitalizations and anesthesia (the only exceptions to this are medical conditions where medical necessity requires inpatient or outpatient service or the direct treatment of acute traumatic Injury, cancer or cleft palate)
- treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly.

Drugs

Except as described under other portions of the plan and the prescription drug program ("The Prescription Drug Program"), the plan does not cover:

- prescription drug products for outpatient use that are filled by a prescription order or refill
- injectable drugs that can be self administered will only be covered under the prescription drug program if purchased through Medco's Special Care Pharmacy
- non-injectable medications given in a doctor's office except as required in an emergency
- over-the-counter drugs and treatments.

Experimental, Investigational, or Unproven Services

Experimental, investigational, and unproven services are excluded. The fact that an experimental or investigational service or an unproven service, treatment, device, or pharmacological regimen is the only available treatment for a particular condition will not result in benefits being paid if the procedure is considered to be experimental or investigational or unproven in the treatment of that particular condition.

EXHIBIT B

22505

Precision Billing LLC • 80 West Madison Avenue • Dumont, NJ 07628 • (201)501-8500

Date: 09-17-2010

Horizon
PO Box 199
Newark NJ 07101

Patient: Griffin Binko

DOB: 08/16/1988

ID: NVP3H2N08017100

Practice: In Balance Health LLC

Treating Provider: Rick O. Lambert MD

Enclosed you will find claim forms that are being resubmitted as an appeal for processing.

These claims are not duplicate. The enclosed are:

corrected claims

being resubmitted to correct an error in processing.

X

sent with progress notes to establish medical necessity.

X

Other: Spinal Manipulation under anesthesia and all other manipulations under anesthesia or not experimental and investigational. An experimental procedure is very easily addressed in the AMA CPT codebook of reimbursable procedures, in the introduction to that publication. In order for a procedure to be included in the AMA CPT codebook of reimbursable procedures, it must first have undergone clinical validation by being used by same or similar practitioners for the same or similar conditions. It must then go through the review process by an 11-member panel that evaluates the outcomes of the procedure used by same or similar practitioners; the review panel then makes a recommendation that the procedure be included within the proper section of the codebook. This is then part of a recommendation review for publication in the codebook, and the procedure does not appear in this book unless it passes all of these reviews and evaluations

According to an April 2004 letter from the AMA regarding CPT code 22505, in response to Dr. Daniel West's (an advisory member of the National Academy of MUA Physicians) request for clarification of this procedure, the following is required of the CPT Advisory Committees and the CPT Editorial Panel for CPT publication as a category 1 procedure (which is what 22505 is listed as):

2010 0780 0000 1359 5857

32725 E C00071

Precision Billing LLC • 80 West Madison Avenue • Dumont, NJ 07628 • (201)501-8500

"That the service/procedure has received approval from the Food and Drug Administration (FDA) for the specific use of the device or drug;

"That the suggested procedure/service is a distinct service performed by many physicians/practitioners across the United States;

"That the clinical efficacy of the service/procedure is well established and documented in the United States per review literature;

"That the suggested service/procedure is neither a fragmentation of an existing procedure/service nor currently reportable by one or more existing codes; and

"That the suggested service/procedure is not requested as a means to report extraordinary circumstances related to the performance of a procedure/service already having a specific CPT code.

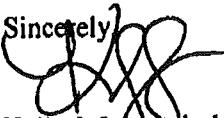
"Therefore, based upon the above information and in response to your specific question, Category 1 codes do not represent experimental or emerging technology"

An experimental procedure is very easily addressed in the AMA CPT codebook of reimbursable procedures, in the introduction to that publication. In order for a procedure to be included in the AMA CPT codebook of reimbursable procedures, it must first have undergone clinical validation by being used by same or similar practitioners for the same or similar conditions. It must then go through the review process by an 11-member panel that evaluates the outcomes of the procedure used by same or similar practitioners; the review panel then makes a recommendation that the procedure be included within the proper section of the codebook. This is then part of a recommendation review for publication in the codebook, and the procedure does not appear in this book unless it passes all of these reviews and evaluations.

Therefore, please reprocess claims in according with the 2004 AMA recommendation regarding Manipulation under Anesthesia accordingly. FIRST LEVEL APPEAL

Thank you for your prompt attention.

Sincerely,



Kelly J. Langschultz
Billing Specialist

320235 435071



09/17/2010

VIA CERTIFIED MAIL/RRR

Horizon
PO Box 199
Newark NJ 07110

Re: Request for Experimental Procedure Policies/Plan Documents

Patient Name: Griffin Binko

Benefit Plan: Horizon

Dates of Service: 7/8/10, 7/9/10, 7/10/10

Dear Sir/Madam:

Please accept this letter as notification of our authorization as representative to act on behalf of Griffin Binko in the above-referenced adverse benefit determinations. Attached is a copy of the authorization for your records.

This letter is also a request for additional information. It is our understanding that the above-referenced claim was denied pursuant to a plan exclusion related to experimental/investigational treatments. The denial/explanation of benefits, however, did not give adequate information to establish the accuracy of this decision.

Thus, we hereby request the following information to support the denial of benefits for this treatment: (1) a copy of the experimental/investigation treatment limitation in the plan or policy as well as any related definitions; (2) if internal clinical guidelines were utilized and/or are applicable, please provide a copy of each such clinical guidelines as well as the name and credentials of the medical professional who reviewed the treatment records; (3) an outline of the specific records reviewed and a description of any records which would be necessary in order to approve the treatment; and (4) copies of any expert medical opinions reviewed by your company in regards to treatment of this nature and its efficacy so that the treating provider may respond to its applicability to this particular patient's condition.

As you are likely aware, both state and federal disclosure laws as well as plan terms may be applicable and require the release of detailed information to substantiate

320285.400072

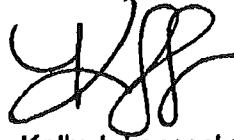
Page 2 of 2

an adverse benefit determination. If you believe this request does not fall under said disclosure requirements, please provide a written explanation.

Finally, we hereby request on behalf of our patients a copy of the Summary Plan Description ("SPD") required to be maintained by the Plan and provided upon request to the Plan Beneficiary under ERISA. Please note, an enrollee/beneficiary may file suit against a Plan Administrator who fails to comply with the enrollee's/beneficiary's request for a copy of the latest SPD. Indeed, Section 502(a)(1)(A) of ERISA indicates the Plan Administrator has thirty (30) days to provide the SPD to the enrollee/beneficiary. The Plan Administrator may be held liable for up to \$110.00 per day for each day it fails to provide the SPD to the enrollee/beneficiary.

Thank you for your cooperation. We look forward to receiving the requested materials and pursuing the appeal of the adverse benefit determinations.

Respectfully yours,



Kelly J. Langschultz
Director

322235402676



Date: 09-17-2010
Practice: In Balance Health LLC
Tax Id: 263205753

Plan Administrator: Horizon
Plan Sponsor: employer
Address: PO Box 199
Address: Newark NJ 07101

Re: Request for Griffin Binko summary plan description
Patient Name: Griffin Binko
ID Number: NVP3H2N080F7100
DOB: 08-16-1988

Dear Plan Administrator:

Enclosed please find a Designation of Authorized Representative signed by my patient in accordance with the requirements of the employee retirement income security act of 1974 (ERISA). I have also enclosed an Assignment of benefits to assure that payment is made directly to this office in accordance with the desires of my patient.

The enclosed Designation of Authorized Representative permits In Balance
Health LLC to pursue the rights granted to my patient under ERISA law. Those rights include:

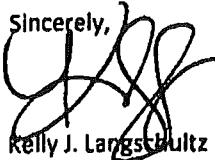
- Receiving notice regarding inquiries with respect to the determination of claims both pre and post service
- Receiving a description and copies of documents of all claims procedures (including any procedures for obtaining prior approval as a prerequisite for obtaining a benefit, such as

3 2 0 2 2 5 4 2 0 0 7 1

preauthorization procedures or utilization review procedures) and the applicable time frames as set forth in the summary plan description.

- Obtaining a copy of the summary plan description
- Pursuing appeals of plan adverse decisions, to take legal action in any forum, including the courts, and to obtain all information from the plan that the claimant is entitled in order to pursue appeals:
- Taking all action permitted under applicable statutes and rules as authorized representative of my patient.

Accordingly, please provide this office with a copy of the summary plan description. Thank you for your compliance with the legal requirements. Please fax the summary plan description to 201-501-8523 or mail a copy to Precision Billing, LLC, Attn: Kelly J. Langschultz, 80 West Madison Avenue, Dumont, NJ 07628.

Sincerely,

Kelly J. Langschultz

Billing Supervisor

1500

Unless this claim is paid or denied within 30 days, we will file a formal **GENERAL CLAIM FORM** with the Insurance

22099 HORIZON
PO BOX 1219
NEWARK NJ 07101

APPROVED BY NATIONAL UN COMMISION REPORT DATE 08-05

PIGA '7

1 MEDICARE (Medicare #)	2 MEDICAID (Medicaid #)	3 TRICARE CHAMPUS (Sponsor's SSN)	4 CHAMPVA (Member ID)	5 GROUP HEALTH PLAN (SSN or ID)	6 FECA BUKLUNG (SSN)	7 OTHER (ID)	8 INSURED'S ID NUMBER NVP3HZN06017100	(For Program in Item 1)				
2 PATIENT'S NAME (Last Name, First Name, Middle Initial) BINKO, GRIFFIN			3 PATIENT'S BIRTH DATE MM DD YY 08 16 1988			4 SEX M X F	4 INSURED'S NAME (Last Name, First Name, Middle Initial) BINKO, GRIFFIN					
5 PATIENT'S ADDRESS (No. Street) 9 SMITHVILLE ROAD			6 PATIENT RELATIONSHIP TO INSURED Sister <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7 INSURED'S ADDRESS (No. Street) 9 SMITHVILLE ROAD						
CITY HEWITT		STATE NJ	8 PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Studied <input type="checkbox"/>		CITY HEWITT		STATE NJ					
ZIP CODE 07421	TELEPHONE (Include Area Code) (973)8537943		ZIP CODE 07421		TELEPHONE (Include Area Code) (973)8537943							
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 												
10 IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
11 INSURED'S POLICY GROUP OR FECA NUMBER NONE												
a. INSURED'S DATE OF BIRTH MM DD YY M F												
b. EMPLOYER'S NAME OR SCHOOL NAME 												
c. INSURANCE PLAN NAME OR PROGRAM NAME 22099 HORIZON												
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes return to and complete item 9-a-d												
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below SIGNATURE ON FILE												
SIGNED	DATE 07/01/10				SIGNATURE ON FILE							
14 DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LL/P)			15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY			16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY						
17 NAME OF REFERRING PROVIDER OR OTHER SOURCE RICK O LAMBERT MD			17a 1G 17b NPI 1891739421			18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY						
19 RESERVED FOR LOCAL USE RICK O. LAMBERT MD												
20 OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1 L73.8 6 3 L722.10 2 L718.45 4 L724.4												
22 MEDICAID RESUBMISSION CODE ORIGINAL REF NO 												
23 PRIOR AUTHORIZATION NUMBER 												
24 A DATE(S) OF SERVICE From MM DD YY To MM DD YY			B PLACE OF SERVICE E/M G		C D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT HCPCS		E DIAGNOSIS POINTER	F \$ CHARGES	G DAYS CR LVB	H F/T P	I ID QUAL	J RENDERING PROVIDER ID #
1 07 08 10	07 08 10	24	27194	62	1 2 3 4	2500 00 1						NPI 1891739421
2 07 08 10	07 08 10	24	22505	62	1 2 3 4	2200 00 1						NPI 1891739421
3 07 09 10	07 09 10	24	27194	62	1 2 3 4	2500 00 1						NPI 1891739421
4 07 09 10	07 09 10	24	22505	62	1 2 3 4	2200 00 1						NPI 1891739421
5 07 10 10	07 10 10	24	27194	62	1 2 3 4	2500 00 1						NPI 1891739421
6 07 10 10	07 10 10	24	22505	62	1 2 3 4	2200 00 1						NPI 1891739421
25 FEDERAL TAX ID NUMBER SSN: E			26 PATIENT'S ACCOUNT NO 263205753		27 ACCEPT ASSISTANT 28 TOTAL CHARGE 14100.00		29 AVAIL/PAID 14100.00		30 BALANCE DUE 14100.00			
			31 SIGNATURE OF PHYSICIAN OR PROVIDER NOLDA V G DEGREES OR CREDENTIALS RICK O LAMBERT MD 6 CHESTNUT RIDGE ROAD MONTVALE NJ 07645		32 SERVICE FACILITY LOCATED MONTVALE SURGICAL CENTER 6 CHESTNUT RIDGE ROAD MONTVALE NJ 07645		33 BILL TO PROVIDER/FO/DPH# 201 3918282					

NUCC Instructor Manual available at www.nucc.org

PLEASE PRINT OR TYPE

APPROVED 6/18 6228 6228 FOR: CUS 1500 088-081

Binko000007

07/15/2010 08:15 KX5050

(FAX)2013914701

P.004/023

Surgeon LAMBERT

Co-Surgeon WOLF

Montvale Surgical Center

MRN:0000715 DOS:07/09/10
 BINKO GRIFFIN
 DOB:08/16/88 AGE:21 Y
 DR:LAMBERT, RICK

MUA SUPER BILL SUMMARY
PROCEDURE

7-8, 9, 10 2010

SPINE	HIP	PELVIS	SHOULDER	ELBOW	WRIST	HAND	KNEE	ANKLE
1 22505	27275	27194	23700	24300	23259	21073	27570	27860
2 22505	27275	27194	23700	24300	23259	21073	27570	27860
3 22505	27275	27194	23700	24300	23259	21073	27570	27860
4 22505	27275	27194	23700	24300	23259	21073	27570	27860
5 22505	27275	27194	23700	24300	23259	21073	27570	27860
6 22505	27275	27194	23700	24300	23259	21073	27570	27860

DIAGNOSIS

SITE	PRIMARY Dx	SECONDARY Dx	TERTIARY Dx	QUADRINARY Dx
1 Pelvis	738.6	716.45		
2 L-SPINE	722.10	724.4		
3				
4				
5				
6				

P.005/023

MRN: 0000715 DOS: 07/10/10
 BINKO GRIFFIN
 DOB: 08/16/88 AGE: 21 Y
 DR: LAMBERT, RICK

Admitting Doctor

Surgeon

Co-Surgeon

D.S.

(FAX) 2013914701

MUA Progress Note Lumbar/Pelvis Spine

7/18/13
 7:24:45

Admitting Dx

7/22/13
 7:24:45

R.O.M./Lumber	Date	Date	Date	Date
Pain 0/10	5/10	1/10	1/10	1/10
Flexion	40/60°	45°	45°	60°
Extension	30/75°	35°	35°	75°
Right Flexion	15°	25°	25°	25°
Left Flexion	20°	25°	25°	25°
Right Rotation	20°	25°	25°	25°
Left Rotation	20°	25°	25°	25°
Right Lateral	Left 110°	Right	Left	Right
Pain 0/10 V.A.S.	1/10	4/10	1/10	1/10
Flexion	1120°	100/1120°	1120°	1120°
Extension	115°	115°	115°	115°
External Rot	135°	10/135°	135°	135°
Internal Rot	140°	35/140°	140°	140°
Abduction	145°	40/145°	145°	145°
Adduction	130°	30/130°	130°	130°
Tests	Left	Right	Left	Right
SLR	Neg (Pos) 25	Neg (Pos) 15	Neg Pos	Neg Pos
Patrick's	Neg Pos	Neg (Pos)	Neg Pos	Neg Pos
Gaenslen	Neg Pos	Neg (Pos)	Neg Pos	Neg Pos
Trendelenburg	Neg Pos	Neg (Pos)	Neg Pos	Neg Pos
Valsalva's	Absent Present	Absent Present	Neg Pos	Neg Pos
DTR			Absent Present	Absent Present
Myotome			Absent Present	Absent Present
Delta			Absent Present	Absent Present
Trigger Points	(B.O.L) (P)elvic Girdle.			
Change in ROM	N/A Day 1			
Change in Pain	N/A Day 1			
Change in Tests	N/A Day 1			

07/15/2010 08:17 KX5050

(FAX)2013914701

P.008/023

In-Balance Health LLC
8 Chestnut Ridge Road
Montvale NJ 07645
Rick Lambert MD

Patient Consultation Note

6/30/10
 Date of service

GRIFFIN BINKO

Patient Name

Social Security #

8/16/88
 DOB

Ins. ID Number

Chief Complaint

21 y.o. man with onset ~ 1yr ago out
 of law back pain progressively to ~ 1/10
 had more sensory to/si disc compression
 early 0/11 nerve root & late 5/10 to same.
 Pain was 5/9/10. It steady if active, but
 now pain ~ 4-5/10 after ~ 1/2 way through
 desk period. Still radiating pain but
 less to less, occ. random. I would
 feel my muscles occasionally - It takes
 occ. above to some relief. Down right in
 a surgery after limited time was
 used, & improved in days & less.

07/15/2010 08:17 KX5050

(FAX)2013914701

P.007/023

Griffin Binko consultation con't 6-30-10Past Medical History

(-) diabetes (-) hypertension (-) asthma (-) hypercholesterolemia (-) heart Dx

eSurgeries

1. e
2. _____
3. _____
4. _____

List of Medications

1. Allieve prn
2. _____
3. _____
4. _____

Known AllergiesNASocial History/Work StatusOrientation X T

Date Time Current Events Common Knowledge

Speech

(WNL) Depressed Anxious Angry Pain

Work Status

Employed ^{deli} Disabled Temporary Permanent Partial Total^{WANT}
^{PROT}
^(communicate)

Marital Status

Single Married Divorced Separated Widowed

A.D.L

difficulty eating for long periodsworks for long periods

07/15/2010 08:17 KX5050

(FAX)2013914701

P.008/023

Griffen Binko consultation cont 6-30-10

Physical Examination

6'2"	155	m	21
Height	Weight	Gender	Age
130/84	75	Rhythm	15
B/P	Pulse Rate		Resp. Rate

General Appearance down in my

Skin: warm, dry (-) cyanosis (-) jaundice (-) rash

wm

HEENT: (-) conjunctival pallor (-) icterus (-) pharyngeal erythema

wm

Neck: (-) thyromegaly (-) Bruits (-) lymphadenopathy (-) other masses

wm

Heart: (-) murmur (-) irregularity (-) gallop

wm

Chest: (-) rales (-) rhonchi (-) wheezes; breath sounds equal bilaterally

wm

Abdomen: (-) tenderness (-) palpable masses (-) CVA tenderness

wm

07/15/2010 08:18 KX5050

(FAX)2013914701

P.009/023

Griffin Binko consultation con't 6-30-10**Examination of the Lumbar Spine, Pelvis and Hips****Palpation: Myofacial trigger points**(P) Q.L (P) TFL TR's(P) Iliopsoas, TFL, Glut, med. TR's.(P) SI TENDERNESSGait: (P) (P) TRENDED BABAMinor's sign Present Absent**Range of Motion of the Lumbar Spine**Forward Flexion 40/60 Right Side Flex 15/25 right rotation 10/20 > 0° knees
Extension 20/35 Left Side Flex 22/25 Left Rotation 10/20 R

Neurological Level		DERMATOME	MYOTOME	D.T.R
L3		right left	right left	
L4		right left	right left	
L5		right left	right left	Patella right 2 left 2
S1		right ↓ left	right 1/5 left	Achilles right 2 left 2

Dermatomes; WNL=normal (+)=hyper sensitive (-)=hypo sensitive

Myotomes ; 5= normal, 4=mild weakness, 3=significant weakness, 2=can not resist more than gravity, 0=no sign of contraction

Deep Tendon Reflexes; 2= normal, 3= hyper reflex, 1= diminished reflex, 0=absent

07/15/2010 08:18 KX5050

(FAX)2013914701

P.010/023

Griffin Binko consultation con't 6-30-10Range of Motion of the HipsRight Hip

Flexion 100/120 Abduction 40/45 Adduction 30/30
 Extension 0/15 External rotation 30/35 Internal Rotation 40/45

Left Hip

Flexion 120 Abduction 45 Adduction 30
 Extension 15 External rotation 35 Internal Rotation 45

Orthopedic TestsStraight Leg RaisingRight Leg Painful arc at: 45°

0-35 degrees = suggests muscles of posterior thigh

35-70 degrees = Probable joint pain
 Bilateral straight leg raising painful = sacroiliac pathology

S' LUMBAR
RND. (P)

70-90 degrees = sciatic root tension over intervertebral disc

Contra-lateral SLR (-)

Dorsiflexion of foot (-)

Left Leg Painful arc at: 75°

0-35 degrees = suggests muscles of posterior thigh

35-70 degrees = Probable joint pain

Bilateral straight leg raising painful = sacroiliac pathology

70-90 degrees = sciatic root tension over intervertebral disc

Contra-lateral SLR (-)

Dorsiflexion of foot (-)

X neg contraction S/F.

07/15/2010 08:18 KX5050

(FAX)2013914701

P.011/023

Griffin Binko

consultation con't

6-30-10

Valsalva's Sign for nerve root irritation Absent **Present**

Gapping Test for sprain/strain of the anterior sacroiliac ligament
(-) RT (-) LT

Approximation Test for sprain/strain of the sacroiliac joint and/or the posterior sacroiliac ligament (-) RT (-) LT

Iliac Compression Test indicating posterior sacroiliac ligament sprain
(+) RT (-) LT

Sacroiliac Rocking Test (-) RT (-) LT for posterior sacroiliac joint

(-) RT (-) LT for Iliopsoas pathology

Trendelenburg's Test for pelvic instability and muscle weakness
(+) RT (-) LT

Gaenslen Test for SI joint pathology, hip pathology and L4 nerve root irritation. (-) RT (-) LT

Adduction contracture test/Abduction contracture test;
ASIS angle is = 90 degrees WNL
ASIS angle is < 90 degrees contracture of adduction muscles confirmed
ASIS angle is > 90 degrees contracture of abduction muscles confirmed

Thomas Test for hip flexion contraction (-) RT (-) LT

Rectus Femoris Contracture; Ely's Test (-) RT (-) LT

Ober's Test for contracture of tensor fasciae latae (-) RT (-) LT

Hamstring Contracture Test (-) RT (-) LT

Patrick's Test for hip pathology (-) RT (-) LT

Patrick's Test for Iliopsoas contracture (-) RT (-) LT

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(FAX)2013914701

P.012/023

Car. Rick Binko consultation con't 6-30-10

CONCLUSION / MEDICAL NECESSITY

- Condition is chronic for 12 months.
- Condition is resistant to conservative CM/PT/OT/Prov.
- Condition continues to regress ↓ R.O.M ↑ (O) E. contracture.
- Condition impairs ADL.
- Manipulation Under Anesthesia x 3 sessions of pelvis & low back is indicated to break down adhesions & release contracture.
- Goal:
 - decrease (O)
 - increase R.O.M.
 - decompress L-S spine by release of contracture significant to reverse tightness.

Rick Lambert

Date 6/30/10

Rick Lambert, MD
M.U.A Specialist

07/15/2010 08:19 IX5050

(FAX)2013914701

P.013/023

**Montvale
Surgical Center**
8 Chestnut Ridge Road Montvale NJ, 07645
Tel (201) 391-4700

OPERATIVE REPORT
Day 1 of 3

Patient Name: Griffin Binko
Date: July 8, 2010
Facility for Procedure: MSC

Primary Surgeon: Rick Lambert, MD
Assisting Surgeon: James Wolf, DC
Anesthesiologist: Carlos Frios, MD

Procedure Performed: 1. Manipulation Under Anesthesia of the sacrum/pelvis
2. Manipulation Under Anesthesia of the lumbar spine

Pre-operative Diagnosis:

1. 738.6 acquired pelvic obliquity
718.4 contracture pelvis and thigh
2. 724.4 lumbar radiculopathy
722.10 lumbar discopathy

Post-operative Diagnosis: Same: See progress report for work-up

Procedure in Detail

Patient was prepared in a pre-operative area with an IV line established for the administration of anesthesia. Having already been supine on a gurney, patient was wheeled in to the operating room. Patient was then prepared for monitoring by the anesthesiologist and OR nurse. MAC was induced and the patient was sufficiently sedated to start our procedure.

Manipulation of the Lumbar spine, sacrum, and pelvis: The patient was stabilized in the supine position. The right lower extremity was extended and stretched cephalad 3 times, increasing the amount of tension 5-10% each time by the primary doctor. The same was done to the left. The right lower extremity was then flexed at the hip/knee and then stretched cephalad/oblique/lateral by the primary doctor. Then the same was repeated to the left lower extremity by the assisting doctor. The bilateral lower extremities were then flexed at the hips and knees and a pelvic tilting motion was done cephalad, oblique, and laterally to the right leg by the primary doctor, then to the left by the assisting doctor.

The patient was then turned on her right side by the assisting doctor. The right lower extremity was extended and supported by the surgical nurse. The primary doctor then administered a mild manipulation to the L1-S1 area. The patient was then turned on the

07/15/2010 08:20 IX5050

(FAX)2013914701

P.014/023

left side and the same procedure was administered. Both the right and left sided manipulations elicited cavitations.

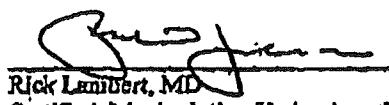
Piriformis bow-string stretch: With the patient in a side lying posture and following the adductor stretch, the patient's knee was held slightly past medial and the primary doctor contacted the knee with the hand. The force was applied toward the table with the help of the assisting surgeon and the piriformis muscle was then massaged. The force down the femur into the pelvic basin allowed for the relaxation of the piriformis muscle across the obturator foramina. With the assisting physician stabilizing the pelvis and femoral head, the primary physician extended the right lower extremity in the sagittal plane, and while applying the controlled traction radially stretched the peri-articular holding elements of the right hip by means of gradually describing approximately 30-35 degrees horizontal arc. The lower extremity was then tractioned straight caudal and internal rotation was accomplished. Using traction the lower extremity was gradually stretched into a horizontal arc to approximately 30 degrees. This procedure was then repeated for the opposite side.

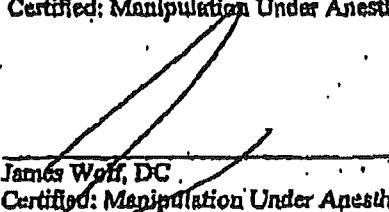
Manipulation of the Hips: The patient was maintained in a supine position. Patient's right hip was laterally flexed and supported by the primary doctor while the same hip was passively placed through all ranges of motion three times. Then the left hand of the primary doctor was placed slightly inferior and posterior to the hip joint on the femur and the hip was laterally flexed, and externally rotated, and a mild P-A thrust was applied eliciting a cavitation. The same procedure was repeated on the left side.

The MUA procedure was concluded at that point. Patient tolerated procedure very well and without incident. At the conclusion of the procedure, the patient was returned to the recovery room where proper monitoring equipment was utilized and was discharged in satisfactory condition as reported in the progress notes.

Post-Operative Care Day One:

The patient was advised to spend the remainder of the day relaxing and avoiding any work or exertion. There were no restrictions on diet. Patient was further advised to resume regular regimen of medication prescribed prior to the procedure. Because the patient is returning tomorrow, there will be no eating or drinking after ten p.m. this evening.


 Rick Lambert, MD
 Certified: Manipulation Under Anesthesia


 James Wolff, DC
 Certified: Manipulation Under Anesthesia

07/15/2010 08:20 KX5050

(FAX) 2013914701

P.015/023

Montvale

Surgical Center

6 Chestnut Ridge Road Montvale NJ, 07645

Tel (201) 381-4700

OPERATIVE REPORT

Day 2 of 3

Patient Name: Griffin Binko

Date: July 9, 2010

Facility for Procedure: MSC

Primary Surgeon: Rick Lambert, MD

Assisting Surgeon: James Wolf, DC

Anesthesiologist: Elizabeth Krynska, MD

Procedure Performed: 1. Manipulation Under Anesthesia of the sacrum/pelvis
2. Manipulation Under Anesthesia of the lumbar spine

Pre-operative Diagnosis:

1. 738.6 acquired pelvic obliquity
718.4 contracture pelvis and thigh
2. 724.4 lumbar radiculopathy
722.10 lumbar discopathy

Post-operative Diagnosis: Same: See progress report for work-up

Procedure in Detail

Patient was prepared in a pre-operative area with an IV line established for the administration of anesthesia. Having already been supine on a gurney, patient was wheeled in to the operating room. Patient was then prepared for monitoring by the anesthesiologist and OR nurse. MAC was induced and the patient was sufficiently sedated to start our procedure.

Manipulation of the Lumbar spine, sacrum, and pelvis: The patient was stabilized in the supine position. The right lower extremity was extended and stretched cephalad 3 times, increasing the amount of tension 5-10% each time by the primary doctor. The same was done to the left. The right lower extremity was then flexed at the hip/knee and then stretched cephalad/oblique/lateral by the primary doctor. Then the same was repeated to the left lower extremity by the assisting doctor. The bilateral lower extremities were then flexed at the hips and knees and a pelvic tilting motion was done cephalad, oblique, and laterally to the right leg by the primary doctor, then to the left by the assisting doctor.

The patient was then turned on her right side by the assisting doctor. The right lower extremity was extended and supported by the surgical nurse. The primary doctor then administered a mild manipulation to the L1-5/S1 area. The patient was then turned on the

400'd

00:71 010971770

Binko000020

07/15/2010 08:21 KX5050

(FAX)2013914701

P.016/023

left side and the same procedure was administered. Both the right and left sided manipulations elicited cavitations.

Piriformis bow-string stretch: With the patient in a side lying posture and following the adductor stretch, the patient's knee was held slightly past medial and the primary doctor contacted the knee with the hand. The force was applied toward the table with the help of the assisting surgeon and the piriformis muscle was then massaged. The force down the femur into the pelvic basin allowed for the relaxation of the piriformis muscle across the obturator foramina. With the assisting physicians stabilizing the pelvis and femoral head, the primary physician extended the right lower extremity in the sagittal plane, and while applying the controlled traction radially stretched the peri-articular holding elements of the right hip by means of gradually describing approximately 30-35 degree horizontal arc. The lower extremity was then tractioned straight caudal and internal rotation was accomplished. Using traction the lower extremity was gradually stretched into a horizontal arc to approximately 30 degrees. This procedure was then repeated for the opposite side.

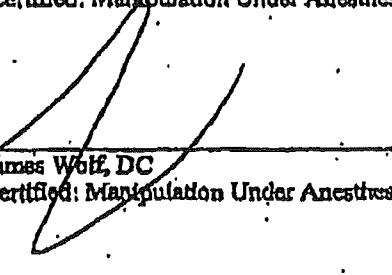
Manipulation of the Hips: The patient was maintained in a supine position. Patient's right hip was laterally flexed and supported by the primary doctor while the same hip was passively placed through all ranges of motion three times. Then the left hand of the primary doctor was placed slightly inferior and posterior to the hip joint on the femur and the hip was laterally flexed, and externally rotated, and a mild P-A thrust was applied eliciting a cavitation. The same procedure was repeated on the left side.

The MUA procedure was concluded at that point. Patient tolerated procedure very well and without incident. At the conclusion of the procedure, the patient was returned to the recovery room where proper monitoring equipment was utilized and was discharged in satisfactory condition as reported in the progress notes.

Post-Operative Care Day Two:

The patient was advised to spend the remainder of the day relaxing and avoiding any work or exertion. There were no restrictions on diet. Patient was further advised to resume regular regimen of medication prescribed prior to the procedure. Because the patient is returning tomorrow, there will be no eating or drinking after ten p.m. this evening.


Rick Lambert, MD
Certified: Manipulation Under Anesthesia


James Wolf, DC
Certified: Manipulation Under Anesthesia

07/15/2010 08:21 KX5050

(FAX)2013914701

P.017/023

left side and the same procedure was administered. Both the right and left sided manipulations elicited cavitations.

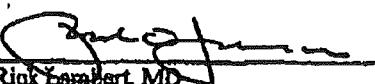
Bifurcitis bow-string stretch: With the patient in a side lying posture and following the adductor stretch, the patient's knee was held slightly past medial and the primary doctor contacted the knee with the hand. The force was applied toward the table with the help of the assisting surgeon and the pectoralis muscle was then massaged. The force down the femur into the pelvic basin allowed for the relaxation of the pectoralis muscle across the obturator foramina. With the assisting physicians stabilizing the pelvis and femoral head, the primary physician extended the right lower extremity in the sagittal plane, and while applying the controlled traction radially stretched the peri-articular holding elements of the right hip by means of gradually describing approximately 30-35 degree horizontal arc. The lower extremity was then tractioned straight caudal and internal rotation was accomplished. Using traction the lower extremity was gradually stretched into a horizontal arc to approximately 30 degrees. This procedure was then repeated for the opposite side.

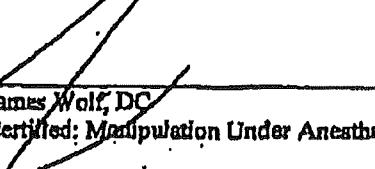
Manipulation of the Hips: The patient was maintained in a supine position. Patient's right hip was laterally flexed and supported by the primary doctor while the same hip was passively placed through all ranges of motion three times. Then the left hand of the primary doctor was placed slightly inferior and posterior to the hip joint on the femur and the hip was laterally flexed, and externally rotated, and a mild P-A thrust was applied eliciting a cavitation. The same procedure was repeated on the left side.

The MUA procedure was concluded at that point. Patient tolerated procedure very well and without incident. At the conclusion of the procedure, the patient was returned to the recovery room where proper monitoring equipment was utilized and was discharged in satisfactory condition as reported in the progress notes.

Post-Operative Care Day Three:

The patient was advised to spend the remainder of the day relaxing and avoiding any work or exertion. There were no restrictions on diet. Patient was further advised to resume regular regimen of medication prescribed prior to the procedure.


Rick Lambert, MD
Certified: Manipulation Under Anesthesia


James Wolf, DC
Certified: Manipulation Under Anesthesia

07/15/2010 08:22 KX5050

(FAX) 2013914701

P.018/023

Montvale Surgical Center

Surgeon L. Binko

Co-Surgeon W. G. L.

MRN: 0000715 DOS: 07/09/10
 BINKO GRIFFIN
 DOB: 08/16/88 AGE: 21 Y
 DR: LAMBERT RICK

MUA SUPER BILL SUMMARY
PROCEDURE

	SPINE	HIP	PELVIS	SHOULDER	ELBOW	WRIST	HAND	KNEE	ANKLE
1:	22505	27275	27194	23700	24300	23259	21073	27570	27860
2:	22505	27275	27194	23700	24300	23259	21073	27570	27860
3:	22505	27275	27194	23700	24300	23259	21073	27570	27860
4:	22505	27275	27194	23700	24300	23259	21073	27570	27860
5:	22505	27275	27194	23700	24300	23259	21073	27570	27860
6:	22505	27275	27194	23700	24300	23259	21073	27570	27860

DIAGNOSIS

	SITE	PRIMARY Dx	SECONDARY Dx	TERINARY Dx	QUADRINARY Dx
1:	Pelvis	738.6	718.45		
2:	L. Spine	722.10	724.4		
3:					
4:					
5:					
6:					

P.008

07/12/2010 12:08

RX Date/Time

Binko000023

07/15/2010 08:29 KX5050

(FAX)2013914701

P.019/023

Montvale Surgical Center

Surgeon: Binko

Co-Surgeon: Wolf

MRN:0000715 DDS:07/10/10
 BINKO GRIFFIN
 DOB:08/16/88 AGE:21 Y
 DR:LAMBERT RICK

MUA SUPER BILL SUMMARY
PROCEDURE

	SPINE	HIP	PELVIS	SHOULDER	ELBOW	WRIST	HAND	KNEE	ANKLE
1	22505	27275	27194	23700	24300	23259	21073	27570	27860
2	22505	27275	27194	23700	24300	23259	21073	27570	27860
3	22505	27275	27194	23700	24300	23259	21073	27570	27860
4	22505	27275	27194	23700	24300	23259	21073	27570	27860
5	22505	27275	27194	23700	24300	23259	21073	27570	27860
6	22505	27275	27194	23700	24300	23259	21073	27570	27860

DIAGNOSIS

SITE	PRIMARY Dx	SECONDARY Dx	TERTIARY Dx	QUADRINARY Dx
1	Pelvis	738.6	718.45	
2	L-Spine	722.10	724.9	
3				
4				
5				
6				

P.009

07/12/2010 12:08

RX Date/Time

Binko000024

07/15/2010 08:23 IX(5050)

(FAX)2013914701

P.020/023

MRN:0000715 DOS:07/10/10
 BINKO GRIFFIN
 DOB:08/16/88 AGE:21 Y
 DR.JANBERT RICK

Admitting Doctor: DR. J. Janbert Surgeon: DR. J. Janbert
 MUA Progress Note Lumbosacral/Pelvis Spine
 7-36-L 7-18-45
 7-22-10 7-24-4

R.O.M. Lumbosacral	Date:		Date:		Date:		Date:		Date:		Date:	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
Flexion	5/10	5/10	5/10	5/10	60°	60°	60°	60°	60°	60°	60°	60°
Extension	30°	30°	30°	30°	115°	115°	115°	115°	115°	115°	115°	115°
Right Flexion	15°	15°	15°	15°	75°	75°	75°	75°	75°	75°	75°	75°
Left Flexion	30°	30°	30°	30°	75°	75°	75°	75°	75°	75°	75°	75°
Right Rotation	70°	70°	70°	70°	70°	70°	70°	70°	70°	70°	70°	70°
Left Rotation	20°	20°	20°	20°	20°	20°	20°	20°	20°	20°	20°	20°
ROM L/Hip	Left 115°	Right 115°	Left 115°	Right 115°	Left 115°	Right 115°	Left 115°	Right 115°	Left 115°	Right 115°	Left 115°	Right 115°
Pain Dto VAS	10	10	4-7/10	4-7/10	1/10	1/10	1/10	1/10	1/10	1/10	1/10	1/10
Flexion:	110°	110°	100°/110°	100°/110°	110°	110°	110°	110°	110°	110°	110°	110°
External Rotation	115°	115°	115°	115°	115°	115°	115°	115°	115°	115°	115°	115°
External Rotation	125°	125°	120°	120°	120°	120°	120°	120°	120°	120°	120°	120°
Internal Rotation	140°	140°	135°	135°	135°	135°	135°	135°	135°	135°	135°	135°
Abduction	145°	145°	140°	140°	140°	140°	140°	140°	140°	140°	140°	140°
Adduction	130°	130°	130°	130°	130°	130°	130°	130°	130°	130°	130°	130°
Test:	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
SLR	Neg (R)	Neg (L)	Neg (R)	Neg (L)	Neg Pos	Neg Pos						
Pain Index:	(R) Pos	(L) Pos	(R) Pos	(L) Pos	Neg Pos	Neg Pos						
Cosmesis	(R) Pos	(L) Pos	(R) Pos	(L) Pos	Neg Pos	Neg Pos						
Transliteration	(R) Pos	(L) Pos	(R) Pos	(L) Pos	Neg Pos	Neg Pos						
Notable Find:	Absent	Present	Absent (Present)	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present
DTR			+2 = (S)									
Musculature			SI 115°									
Dates:			SI 115°									
Trigger Points	(R) 0.1	(L) 0.1	Palpable Girdle									
Change in ROM	NIA Day 1	NIA Day 1										
Change in Pain	NIA Day 1	NIA Day 1										
Change in Teds	NIA Day 1	NIA Day 1										

P.010

07/12/2010 12:08

RX Date/Time

Binko000025

07/15/2010 08:24 KX5050

(FAX)2013914701

P.021/023

Admitting Doctor

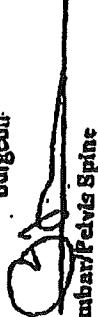
MRN:0000715 DTS:07/10/10
 BINKO GRIFFIN
 DOB:08/16/88 AGE:21 Y
 DR:LAMBERT RICK

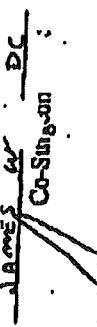
Admitting Dx

MJA Progress Note Lumbar/Pelvic Spine

7/18-7/19

7/22-13 7/24-4

Surgeon: 

Co-Surgeon: 

R.O.M. Number	Date	Date									
		Left	Right								
Pain 00004.S.	7/10	4	10	10	10	10	10	10	10	10	10
Flexion	110°	100/120°	120°	110°	120°	110°	120°	110°	120°	110°	120°
Extension	30°	45°	45°	30°	45°	30°	45°	30°	45°	30°	45°
Right Flexion	15°	25°	25°	15°	25°	15°	25°	15°	25°	15°	25°
Left Flexion	20°	25°	25°	20°	25°	20°	25°	20°	25°	20°	25°
Right Rotation	20°	15°	15°	20°	15°	20°	15°	20°	15°	20°	15°
Left Rotation	20°	15°	15°	20°	15°	20°	15°	20°	15°	20°	15°
R.O.M./Hip	Left	Right	Left								
External Rot	45°	110°	110°	45°	110°	110°	45°	110°	110°	45°	110°
Internal Rot	30°	45°	45°	30°	45°	45°	30°	45°	45°	30°	45°
Ablution	45°	40-45°	40-45°	45°	45°	45°	45°	45°	45°	45°	45°
Ablution	30°	30-35°	30-35°	30°	30-35°	30°	30-35°	30°	30-35°	30°	30-35°
Ticks	Left	Right	Left								
SLR	Neg (R)	Neg (L)	Neg (R)	Neg (L)	Neg Pos						
Patellof.:	Neg Pos										
Ganglion	Neg Pos										
Tendinitis	Neg Pos										
Vesiculitis	Absent Present										
DTR	+2 = (3) L.E.										
Mysteries	SI 45/50										
Derm	SI 1 1/2										
Trigger Points	(O.O.L. (R) Palpiz. Girdle										
Change in ROM	N/A Day 1										
Change in Pain	N/A Day 1										
Change in Tens	N/A Day 1										

P.021

07/12/2010 12:08

RX Date/TIME

Binko000026

07/15/2010 08:24 KX5050

(FAX) 2013814701

P.022/023

Griffith Binko consultation cont. 6-30-10

Review of Medical Records

MRI LUMBAR SPINE (1/5/10):

(B) HEMIATROPHIC L4-S1 COMPRESSION

(B) S1 NERVE ROOT + THICKEN SITE

EMG (5-10-10):

c/w (B) S1 radiculopathy

07/15/2010 08:25 KX5050

(FAX) 2013914701

P.023/023

Gr. flyn Binko consultation con't 6-30-10

Review of Systems: other than the symptoms associated with the present events, the following is reported with regard to recent health.

General (-) fever (-) weight loss (-) fatigue

EENT (-) congestion (-) headaches (-) visual problems (-) sore throat

Cardiovascular (-) chest Pain (-) claudication (-) palpitations

Pulmonary (-) cough (-) dyspnea (-) ankle edema

GI (-) abdominal pain (-) n/v (-) diarrhea (-) constipation (-) bleeding

GU (-) dysuria (-) hematuria

Neuro (f) local weakness (-) memory loss (f) numbness

Musculo/
Skeletal (-) joint pain (f) stiffness (-) joint swelling

Psych (-) emotional stress (-) depression (-) anxiety (f) insomnia

320263 438571

RECEIVED
HORIZON BCBSNJ-OSC

Sept 22 2010

CERTIFIED MAIL



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work

November 3, 2010

GRiffin BINKO
9 SMITHVILLE ROAD
HEWITT NJ 07421

Dear Mr. Binko:

Re: Griffin Binko
ID: 3HZN08017100
Plan: ASC
Date(s) of Service: 7/8/10, 7/9/10 & 7/10/10
Physician: In Balance Health
Claim: 20101970218000 /multi

The medical documentation submitted for the above services has been reviewed by Horizon Medical Director, John Napoli, M.D.. After consideration of all the information provided, it has been determined that medical necessity is not established.

This determination is based on the following:

"CPT code 22505 is denied for all dates of service. Manipulation of the spine under anesthesia is investigational." (Horizon BCBSNJ Medical Policy # 079; and investigational services are an exclusion in the contract benefits.)

"CPT code 27194 denied for all dates of service. The documentation provided does not support the medical necessity for this procedure."

Your plan only provides coverage for services deemed by us to be medically necessary and appropriate.

Additional medical records or other documentation that clearly establish the medical necessity for these services should be submitted in order for us to reconsider this determination.

If you disagree with this decision, you, your physician other authorized representative have the right to appeal on the members behalf. For information on our appeal process and what further rights you may have, please refer to the enclosure included with this determination letter. In your particular case, rather than the address noted on the brochure, please submit your appeal directly to:

Horizon Blue Cross Blue Shield of New Jersey
Penn Plaza, Mail Station PP-14T
Newark, New Jersey 07105-2200
Attn: Clinical Analysis and Monitoring Unit

Thank you for your cooperation.

Sincerely,

Clinical Analysis and Monitoring Unit.
Health Affairs

Enclosure

cc: IN-BALANCE HEALTH LLC
305 W GRAND AVENUE
MONTVALE NJ 07645

MONTVALE SURGICAL CENTER LLC
6 CHESTNUT RIDGE ROAD
MONTVALE NJ 07645

ADVANCED AMBULATORY ANESTHESIA
1176 HAMBURG TPKE
WAYNE NJ 07470

NEW JERSEY SPINAL CARE
JAMES WOLF DC
601 HAMBURG TPKE STE 101
WAYNE NJ 07470

Case: 20090301025

Precision Billing LLC • 80 West Madison Avenue • Dumont, NJ 07628 • (201)501-8500

Date: 12/29/2010

Horizon

PO Box 199

Newark NJ 07101

Patient: Griffin Binko

DOB: 8/16/1988

ID: NVP3HZN08017100

Practice: In Balance Health LLC

Treating Provider: RICKO Lambert

Enclosed you will find claim forms that are being resubmitted as an appeal for processing.

These claims are not duplicate. The enclosed are:

corrected claims
X being resubmitted to correct an error in processing. Please be advised that the claims attached are being submitted for a second level appeal. The claims attached represent services for Manipulation under Anesthesia. Manipulation under Anesthesia for require two co-surgeons and cannot be done without two co-surgeons. This is not an elective service of a surgeon or nurse assisting the operating surgeon. The national *Physician Fee Schedule Relative Value Guide*, a listing of all CPT and HCPCS procedures, outlines the services that can be billed with modifier -62 and modifier -80. MUA CPT codes are listed on this as applicable to the 62 modifier. There is also no Clinical Bulletin Policy or any other medical policy indicating that SECOND does not pay for co-surgeons. Please be advised that both co-surgeons shall bill with a 62 modifier for 62.5% reimbursement of the allowable charge. Both co-surgeons have been denied payment for the patient listed above. Please pay in accordance with CPT regulations and the patient's benefits.

sent with progress notes to establish medical necessity.
Other

Thank you for your prompt attention.

Sincerely


Kelly J. Langschultz, Managing Member

7010 1670 0002 4565 2909

2010 1670 0002 4565 2909

Binko000032

621003.031442

Precision Billing LLC • 80 West Madison Avenue • Dumont, NJ 07628 • (201)501-8500

Date: 12/29/2010

Horizon
Po Box 199
Newark, NJ 07101

Patient: Griffin Binko

DOB: 8/16/1988

ID: NVP3H2N08017100

Practice: In Balance Health LLC

Treating Provider: Rick D. Lambert MD

Enclosed you will find claim forms that are being resubmitted as an appeal for processing..

These claims are not duplicate. The enclosed are:

corrected claims

being refilled to correct an error in processing.

sent with progress notes to establish medical necessity.

X Other SECOND level appeal. Please provide the credentials and license number of the physician who rendered the medical necessity denial for the attached claims. Please be advised that the physician must be a NJ chiropractor with the same credentials in accordance with N.J.S.A. 45:9-14.5 which explicitly states that it is unlawful for any person, not duly licensed (as a chiropractor) in New Jersey to "render a utilization management decision that limits, restricts or curtails a course of chiropractic care." Please also be advised that a chiropractic paper review is in violation of the chiropractic record review regulation if the reviewing chiropractor does not perform all of the following:

1. Make a reasonable and documented effort to obtain all records of the attending chiropractor relevant to the chiropractic care or condition under evaluation before rendering an opinion concerning the prior chiropractic care, the need for continued chiropractic care or the need for diagnostic testing.
2. If the reviewed states that prior chiropractic care was not documented, they must clearly note the specific deviations from the patient record regulation requirements.
3. Opinions stating that prior chiropractic care was not necessary, not required or palliative must clearly state the rationale the opinion is based on.

621503.001442

Precision Billing LLC • 80 West Madison Avenue • Dumont, NJ 07628 • (201)501-8500

4. An opinion that diagnostic testing, referrals or consultations were not properly documented or performed must clearly note the specific deviations from the rules that govern recordkeeping and referrals.
5. An opinion that states that prior diagnostic testing, referrals or consultation were not necessary must clearly state the rationale the opinion is based on.
6. An opinion rendered regarding the evaluation of prior chiropractic care, the termination of chiropractic care, or the necessity of diagnostic testing and/or referrals or consultation shall be consistent with the chiropractic scope of practice laws and regulations.

Please be advised that these requirements have not been met and we have not received all the necessary information requested above. Please re-complete the second level appeal.

Thank you for your prompt attention.

(Sincerely),


Kelly J. Langschultz
Billing Specialist

621003.001442

Precision Billing LLC • 80 West Madison Avenue • Dumont, NJ 07628 • (201)501-8500

Date: 09-17-2010

Horizon

PO Box 109

Newark NJ 07101

Patient: Griffin Binko

DOB: 08/16/1988

ID: NVP3HZN08017100

Practice: In Balance Health LLC

Treating Provider: Rick O. Lambert MD

Enclosed you will find claim forms that are being resubmitted as an appeal for processing.

These claims are not duplicate. The enclosed are:

corrected claims

being resubmitted to correct an error in processing.

X sent with progress notes to establish medical necessity.

X Other: Spinal Manipulation under anesthesia and all other manipulations under anesthesia or not experimental and investigational. An experimental procedure is very easily addressed in the AMA CPT codebook of reimbursable procedures, in the introduction to that publication. In order for a procedure to be included in the AMA CPT codebook of reimbursable procedures, it must first have undergone clinical validation by being used by same or similar practitioners for the same or similar conditions. It must then go through the review process by an 11-member panel that evaluates the outcomes of the procedure used by same or similar practitioners; the review panel then makes a recommendation that the procedure be included within the proper section of the codebook. This is then part of a recommendation review for publication in the codebook, and the procedure does not appear in this book unless it passes all of these reviews and evaluations

According to an April 2004 letter from the AMA regarding CPT code 22505, in response to Dr. Daniel West's (an advisory member of the National Academy of MUA Physicians) request for clarification of this procedure, the following is required of the CPT Advisory Committees and the CPT Editorial Panel for CPT publication as a category 1 procedure (which is what 22505 is listed as):

7010 0780 0000 1359 '5857

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"That the service/procedure has received approval from the Food and Drug Administration (FDA) for the specific use of the device or drug;

"That the suggested procedure/service is a distinct service performed by many physicians/practitioners across the United States;

"That the clinical efficacy of the service/procedure is well established and documented in the United States per review literature;

"That the suggested service/procedure is neither a fragmentation of an existing procedure/service nor currently reportable by one or more existing codes; and

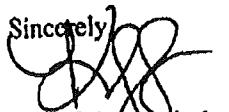
"That the suggested service/procedure is not requested as a means to report extraordinary circumstances related to the performance of a procedure/service already having a specific CPT code.

"Therefore, based upon the above information and in response to your specific question, Category 1 codes do not represent experimental or emerging technology."

An experimental procedure is very easily addressed in the AMA CPT codebook of reimbursable procedures, in the introduction to that publication. In order for a procedure to be included in the AMA CPT codebook of reimbursable procedures, it must first have undergone clinical validation by being used by same or similar practitioners for the same or similar conditions. It must then go through the review process by an 11-member panel that evaluates the outcomes of the procedure used by same or similar practitioners; the review panel then makes a recommendation that the procedure be included within the proper section of the codebook. This is then part of a recommendation review for publication in the codebook, and the procedure does not appear in this book unless it passes all of these reviews and evaluations.

Therefore, please reprocess claims in according with the 2004 AMA recommendation regarding Manipulation under Anesthesia accordingly. FIRST LEVEL APPEAL

Thank you for your prompt attention.

Sincerely,

Kelly J. Langschultz
Billing Specialist

621005.001442



09/17/2010

VIA CERTIFIED MAIL/RRR

Horizon
PO Box 199
Newark NJ 07110

Re: Request for Experimental Procedure Policies/Plan Documents
Patient Name: Griffin Binko
Benefit Plan: Horizon
Dates of Service: 7/8/10, 7/9/10, 7/10/10

Dear Sir/Madam:

Please accept this letter as notification of our authorization as representative to act on behalf of Griffin Binko in the above-referenced adverse benefit determinations. Attached is a copy of the authorization for your records.

This letter is also a request for additional information. It is our understanding that the above-referenced claim was denied pursuant to a plan exclusion related to experimental/investigational treatments. The denial/explanation of benefits, however, did not give adequate information to establish the accuracy of this decision.

Thus, we hereby request the following information to support the denial of benefits for this treatment: (1) a copy of the experimental/investigation treatment limitation in the plan or policy as well as any related definitions; (2) if internal clinical guidelines were utilized and/or are applicable, please provide a copy of each such clinical guidelines as well as the name and credentials of the medical professional who reviewed the treatment records; (3) an outline of the specific records reviewed and a description of any records which would be necessary in order to approve the treatment; and (4) copies of any expert medical opinions reviewed by your company in regards to treatment of this nature and its efficacy so that the treating provider may respond to its applicability to this particular patient's condition.

As you are likely aware, both state and federal disclosure laws as well as plan terms may be applicable and require the release of detailed information to substantiate

621006.001442

Page 2 of 2

an adverse benefit determination. If you believe this request does not fall under said disclosure requirements, please provide a written explanation.

Finally, we hereby request on behalf of our patients a copy of the Summary Plan Description ("SPD") required to be maintained by the Plan and provided upon request to the Plan Beneficiary under ERISA. Please note, an enrollee/beneficiary may file suit against a Plan Administrator who fails to comply with the enrollee's/beneficiary's request for a copy of the latest SPD. Indeed, Section 502(a)(1)(A) of ERISA indicates the Plan Administrator has thirty (30) days to provide the SPD to the enrollee/beneficiary. The Plan Administrator may be held liable for up to \$110.00 per day for each day it fails to provide the SPD to the enrollee/beneficiary.

Thank you for your cooperation. We look forward to receiving the requested materials and pursuing the appeal of the adverse benefit determinations.

Respectfully yours,



Kelly J. Langschultz
Director

621603.001442



Date: 09-17-2010
Practice: In Balance Health LLC
Tax Id: 263205753

Plan Administrator: Horizon
Plan Sponsor: employer
Address: PO Box 199
Address: Newark NJ 07101

Re: Request for Griffin Binko summary plan description
Patient Name: Griffin Binko
ID Number: NVP3H2N080F100
DOB: 08-16-1988

Dear Plan Administrator:

Enclosed please find a Designation of Authorized Representative signed by my patient in accordance with the requirements of the employee retirement income security act of 1974 (ERISA). I have also enclosed an Assignment of benefits to assure that payment is made directly to this office in accordance with the desires of my patient.

The enclosed Designation of Authorized Representative permits In Balance
Health LLC to pursue the rights granted to my patient under ERISA law. Those rights include:

- Receiving notice regarding inquiries with respect to the determination of claims both pre and post service
- Receiving a description and copies of documents of all claims procedures (including any procedures for obtaining prior approval as a prerequisite for obtaining a benefit, such as

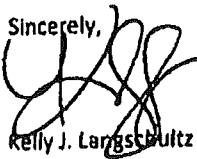
621003.003442

preauthorization procedures or utilization review procedures) and the applicable time frames as set forth in the summary plan description.

- Obtaining a copy of the summary plan description
- Pursuing appeals of plan adverse decisions, to take legal action in any forum, including the courts, and to obtain all information from the plan that the claimant is entitled in order to pursue appeals:
- Taking all action permitted under applicable statutes and rules as authorized representative of my patient.

Accordingly, please provide this office with a copy of the summary plan description. Thank you for your compliance with the legal requirements. Please fax the summary plan description to 201-501-8523 or mail a copy to Precision Billing, LLC, Attn: Kelly J. Langschultz, 80 West Madison Avenue, Dumont, NJ 07628.

Sincerely,



Kelly J. Langschultz

Billing Supervisor

07/15/2010 08:15 KX5050

(FAX)2013914701

P.004/023

Surgeon LAMBERT

Co-Surgeon WOLF

Montvale Surgical Center

MRN:0000715 DOS:07/09/10
 BINKO GRIFFIN
 DOB:08/16/88 AGE:21 Y
 DR:LAMBERT RICK

MUA SUPER BILL SUMMARY

7-8, 9, 10 2010

PROCEDURE

SPINE	HIP	PELVIS	SHOULDER	ELBOW	WRIST	HAND	KNEE	ANKLE
1 22505	27275	27194	23700	24300	23259	21073	27570	27860
2 22505	27275	27194	23700	24300	23259	21073	27570	27860
3 22505	27275	27194	23700	24300	23259	21073	27570	27860
4 22505	27275	27194	23700	24300	23259	21073	27570	27860
5 22505	27275	27194	23700	24300	23259	21073	27570	27860
6 22505	27275	27194	23700	24300	23259	21073	27570	27860

DIAGNOSIS

SITE	PRIMARY Dx	SECONDARY Dx	TERTIARY Dx	QUADRINARY Dx
1 Pelvis	738.6	716.45		
2 L-Spine	722.10	724.4		
3				
4				
5				
6				

P.005/023

MRN:0000715 DOS:07/10/10
BINKO, GRIFFIN
DOB:08/16/88 AGE:21 Y
DR:LAMBERT, RICKAdmitting Doctor _____ Surgeon _____ Co-Surgeon : DC
MUA Progress Note Lumbar/Pelvis SpineAdmitting Dx 7/22/10 7/24/4
7/30/6 7/18/45

R.O.M. Lumber		Date		Date		Date	
Pain Wt0		5 - 110		110		110	
Flexion		40-60°		60°		60°	
Elevation		20-35°		35°		35°	
Right Flexion		15-25°		25°		25°	
Left Flexion		20-25°		25°		25°	
Right Rotation		120° 70° Everts		120°		120°	
Left Rotation		120° 70° Inverts		120°		120°	
R.O.M. Hip		Left		Right		Left	
Pain 0/10 V.A.S.	1/10	4/10	7/10	1/10	1/10	1/10	1/10
Flexion	110°	100/120°	110°	110°	110°	110°	110°
Elevation	115°	100/115°	115°	115°	115°	115°	115°
External Rot	135°	130/135°	135°	135°	135°	135°	135°
Internal Rot	140°	135/140°	140°	140°	140°	140°	140°
Abduction	145°	140/145°	145°	145°	145°	145°	145°
Adduction	130°	30/30°	30°	30°	30°	30°	30°
Tests		Left		Right		Left	
SLR	Neg (Pos) 25	Neg (Pos) 15	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos
Patrick's	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos
Gaenslen	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos
Trendelenburg	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos	Neg Pos
Valsalva's		Absent Present		Absent Present		Absent Present	
DTR		+2 = Delayed					
Mysorene		SI 4/5 0					
Trigger Points		D.Q.L D Pelvic Girdle		Shin		Knee	
Change in ROM	N/A Day 1			Same	Same	Same	Same
Change in Pain	N/A Day 1			Same	Same	Same	Same
Change in Tests	N/A Day 1						

07/15/2010 08:17 KX5050

FAX(201)3914701

P.006/023

In-Balance Health LLC
8 Chestnut Ridge Road
Montvale NJ 07645
Rick Lambert MD

Patient Consultation Note

6/30/10
 Date of service

Griffin Binko
 Patient Name

Social Security #

8/16/88
 DOB

Ins. ID Number

Chief Complaint

21 y.o. woman onset ~1 year ago with
of low back pain progressively. Began 1/10
had more sensory w/10 due cognitive
activity. Began more root & low 5/10 & same.
Pain was 8-9/10 & steady for awhile, but
now pain ~4-5/10 often ~1/2 way through
day preferred. Still radiating pain but
less to now, occ. numbness & mild
feeling weakness occasionally - At times
occ. above & some relief. Denies injection
or surgery. Notes limited from work
now, & typhon in days & weeks.

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(FAX) 2013814701

P.007/023

Griffon Binko consultation con't 6-30-10Past Medical History

(-) diabetes (-) hypertension (-) asthma (-) hypercholesterolemia (-) heart Dx

Surgeries1. c

2. _____

3. _____

4. _____

List of Medications1 Allure pm

2 _____

3 _____

4 _____

Known AllergiesN/ASocial History/Work StatusOrientation X Date Time Current Events Common KnowledgeSpeech WNL Depressed Anxious Angry PainWork Status Employed disabled Disabled Temporary Permanent Partial TotalW/M/J/T
part-time
(comment)Marital Status Single Married Divorced Separated Widowed

A.D.L.

difficulty eating for long periodsworks through pain

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(FAX)2013914701

P.008/023

Griffen Binko consultation cont'd 6-10-10**Physical Examination**

6'2"	155	m	21
Height	Weight	Gender	Age
130/lbs	75	reg	11
B/P	Pulse Rate	Rythm	Resp. Rate

General Appearance W/N

Skin: warm, dry (-) cyanosis (-) jaundice (-) rash

W/N

HEENT: (-) conjunctival pallor (-) icterus (-) pharyngeal erythema

W/N

Neck: (-) thyromegaly (-) Bruits (-) lymphadenopathy (-) other masses

W/N

Heart: (-) murmur (-) irregularity (-) gallop

W/N

Chest: (-) rales (-) rhonchi (-) wheezes; breath sounds equal bilaterally

W/N

Abdomen: (-) tenderness (-) palpable masses (-) CVA tenderness

W/N

6-2-3-1007-02-5-4-12
 07/15/2010 08:18 KX5050 (FAX)2013914701 P.009/023

Griffin Binko consultation con't 6-30-10

Examination of the Lumbar Spine, Pelvis and Hips

Palpation: Myofacial trigger points

(B) Q.L (B) TFL TP's.

(B) Iliopsoas, TFL, Glut. med. TP's.

(B) SI TENDERNESS

Gait: (B) (B) TRENCHER BUNG

Minor's sign Present Absent

Range of Motion of the Lumbar Spine

Forward Flexion 40/60 Right Side Flex 15/25 right rotation 1/20 > 0 degrees
 Extension 20/35 Left Side Flex 20/25 Left Rotation 1/20 > 0 (B)

Neurological Level	DERMATOME		MYOTOME		D.T.R	
L3	right	left	right	left		
L4	right	left	right	left		
L5	right	left	right	left	Patella	right 2 left 2
S1	right ↓	left	right 1/2	left	Achilles	right 2 left 2

Dermatomes; WNL=normal (+)=hyper sensitive (-)=hypo sensitive
 Myotomes ; 5= normal, 4=mild weakness, 3=significant weakness, 2=can not resist
 more than gravity, 0= no sign of contraction
 Deep Tendon Reflexes; 2= normal, 3=hyper reflex, 1=diminished reflex, 0=absent

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6.21.09.3 001/402

(FAX)2013914701

P.010/029

Griffin Binko consultation con't 6-30-10

Range of Motion of the Hips

Right Hip

Flexion 100/120 Abduction 40/45 Adduction 30/30
Extension 0/15 External rotation 30/35 Internal Rotation 150/45

Left Hip

Flexion 100/120 Abduction 40/45 Adduction 30/30
Extension 0/15 External rotation 30/35 Internal Rotation 150/45

Orthopedic Tests

Straight Leg Raising

Right Leg Painful arc at: 45°

0-35 degrees = suggests muscles of posterior thigh

35-70 degrees = Probable joint pain

Bilateral straight leg raising painful = sacroiliac pathology

51 LUMBAR
RHO. (P)

70-90 degrees = sciatic root tension over intervertebral disc

Contra-lateral SLR (-)

Dorsiflexion of foot (-)

Left Leg Painful arc at: 75°

0-35 degrees = suggests muscles of posterior thigh

35-70 degrees = Probable joint pain

Bilateral straight leg raising painful = sacroiliac pathology

70-90 degrees = sciatic root tension over intervertebral disc

Contra-lateral SLR (-)

Dorsiflexion of foot (-)

* neg contraction S/L/R.

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P.011023

Griffith Binko consultation con't 6.30.10

Valsalva's Sign for nerve root irritation Absent Present

Gapping Test for sprain/strain of the anterior sacroiliac ligament
(-) RT (-) LT

Approximation Test for sprain/strain of the sacroiliac joint and/or the posterior sacroiliac ligament (-) RT (-) LT

Iliac Compression Test indicating posterior sacroiliac ligament sprain
(+) RT (-) LT

Sacroiliac Rocking Test (-) RT (-) LT for posterior sacroiliac joint

(-) RT (-) LT for Iliopsoas pathology

Trendelenburg's Test for pelvic instability and muscle weakness
(+) RT (-) LT

Gaenslen Test for SI joint pathology, hip pathology and L4 nerve root irritation. (+) RT (-) LT

Adduction contracture test/Abduction contracture test;
ASIS angle is = 90 degrees WNL
ASIS angle is < 90 degrees contracture of adduction muscles confirmed
ASIS angle is > 90 degrees contracture of abduction muscles confirmed

Thomas Test for hip flexion contraction (-) RT (-) LT

Rectus Femoris Contracture; Ely's Test (-) RT (-) LT

Ober's Test for contracture of tensor fasciae latae (+) RT (-) LT

Hamstring Contracture Test (-) RT (-) LT

Patrick's Test for hip pathology (-) RT (-) LT

Patrick's Test for Iliopsoas contracture (+) RT (-) LT

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(FAX)2013914701

P.012/023

Gr. Pt. in Binko consultation con't 6-30-10

CONCLUSION / MEDICAL NECESSITY

- Condition is chronic for 12 months.
- Condition is recalcitrant to conservative Cmr/pt / (P)meds.
- Condition continues to regress & R.O.M. + (P) & contracture.
- Condition impairs ADL.
- Manipulation Under Anesthesia x 3 sessions of petri's & low back is indicated to break down adhesions & release contracture.
- Goal:
 - decrease (P)
 - increase R.O.M.
 - decompress L-S spine by release of contracture significant to reverse radiculopathy

Rick Lambert

Rick Lambert, MD
M.U.A Specialist

Date 6/30/10

07/15/2010 08:19 KX5050

SP1002 001412

(FAX)2013914701

P.013/023

Montvale
Surgical Center
6 Chestnut Ridge Road Montvale NJ, 07645
Tel (201) 391-4700

OPERATIVE REPORT
Day 1 of 3

Patient Name: Griffin Binko
Date: July 8, 2010
Facility for Procedure: MSC

Primary Surgeon: Rick Lambert, MD
Assisting Surgeon: James Wolf, DC
Anesthesiologist: Carlos J. Pires, MD

Procedure Performed: 1. Manipulation Under Anesthesia of the sacrum/pelvis
2. Manipulation Under Anesthesia of the lumbar spine

Pre-operative Diagnosis:

1. 738.6 acquired pelvic obliquity
- 718.4 contracture pelvis and thigh
2. 724.4 lumbar radiculopathy
- 722.10 lumbar discopathy

Post-operative Diagnosis: Same: See progress report for work-up

Procedure in Detail:

Patient was prepared in a pre-operative area with an IV line established for the administration of anesthesia. Having already been supine on a gurney, patient was wheeled in to the operating room. Patient was then prepared for monitoring by the anesthesiologist and OR nurse. MAC was induced and the patient was sufficiently sedated to start our procedure.

Manipulation of the Lumbar spine, sacrum, and pelvis: The patient was stabilized in the supine position. The right lower extremity was extended and stretched cephalad 3 times, increasing the amount of tension 5-10% each time by the primary doctor. The same was done to the left. The right lower extremity was then flexed at the hip/knee and then stretched cephalad/oblique/lateral by the primary doctor. Then the same was repeated to the left lower extremity by the assisting doctor. The bilateral lower extremities were then flexed at the hips and knees and a pelvic tilting motion was done cephalad, oblique, and laterally to the right leg by the primary doctor, then to the left by the assisting doctor.

The patient was then turned on her right side by the assisting doctor. The right lower extremity was extended and supported by the surgical nurse. The primary doctor then administered a mild manipulation to the L1-S1 area. The patient was then turned on the

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P.014/023

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left side and the same procedure was administered. Both the right and left sided manipulations elicited cavitations.

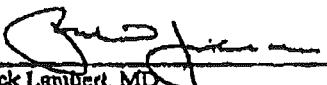
Piriformis bow-string stretch: With the patient in a side lying posture and following the adductor stretch, the patient's knee was held slightly past medial and the primary doctor contacted the knee with the hand. The force was applied toward the table with the help of the assisting surgeon and the piriformis muscle was then massaged. The force down the femur into the pelvic basin allowed for the relaxation of the piriformis muscle across the obturator foramina. With the assisting physicians stabilizing the pelvis and femoral head, the primary physician extended the right lower extremity in the sagittal plane, and while applying the controlled traction radially stretched the peri-articular holding elements of the right hip by means of gradually describing approximately 30-35 degrees horizontal arc. The lower extremity was then tractioned straight caudal and internal rotation was accomplished. Using traction the lower extremity was gradually stretched into a horizontal arc to approximately 30 degrees. This procedure was then repeated for the opposite side.

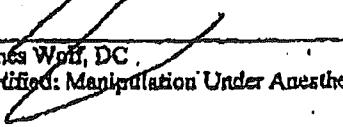
Manipulation of the Hips: The patient was maintained in a supine position. Patient's right hip was laterally flexed and supported by the primary doctor while the same hip was passively placed through all ranges of motion three times. Then the left hand of the primary doctor was placed slightly inferior and posterior to the hip joint on the femur and the hip was laterally flexed, and externally rotated, and a mild P-A thrust was applied eliciting a cavitation. The same procedure was repeated on the left side.

The MUA procedure was concluded at that point. Patient tolerated procedure very well and without incident. At the conclusion of the procedure, the patient was returned to the recovery room where proper monitoring equipment was utilized and was discharged in satisfactory condition as reported in the progress notes.

Post-Operative Care Day One:

The patient was advised to spend the remainder of the day relaxing and avoiding any work or exertion. There were no restrictions on diet. Patient was further advised to resume regular regimen of medication prescribed prior to the procedure. Because the patient is returning tomorrow, there will be no eating or drinking after ten p.m. this evening.


 Rick Lambert, MD
 Certified: Manipulation Under Anesthesia


 James Wolff, DC
 Certified: Manipulation Under Anesthesia

621035.001442

07/15/2010 08:20 KX5050

(FAX)2013914701

P.015/023

Montvale
Surgical Center
6 Chestnut Ridge Road Montvale NJ, 07645
Tel (201) 391-4700

OPERATIVE REPORT

Day 2 of 3

Patient Name: Griffin Binko
Date: July 9, 2010
Facility for Procedure: MSC

Primary Surgeon: Rick Lambert, MD
Assisting Surgeon: James Wolf, DC
Anesthesiologist: Elizabeth Krynske, MD

Procedure Performed: 1. Manipulation Under Anesthesia of the sacrum/pelvis
2. Manipulation Under Anesthesia of the lumbar spine

Pre-operative Diagnosis:

1. 738.6, acquired pelvic obliquity
718.4 contracture pelvis and thigh
2. 724.4 lumbar radiculopathy
722.10 lumbar discopathy

Post-operative Diagnosis: Same: See progress report for work-up

Procedure in Detail

Patient was prepared in a pre-operative area with an IV line established for the administration of anesthesia. Having already been supine on a gurney, patient was wheeled in to the operating room. Patient was then prepared for monitoring by the anesthesiologist and OR nurse. MAC was induced and the patient was sufficiently sedated to start our procedure.

Manipulation of the Lumbar spine, sacrum, and pelvis: The patient was stabilized in the supine position. The right lower extremity was extended and stretched cephalad 3 times, increasing the amount of tension 5-10% each time by the primary doctor. The same was done to the left. The right lower extremity was then flexed at the hip/knee and then stretched cephalad/oblique/lateral by the primary doctor. Then the same was repeated to the left lower extremity by the assisting doctor. The bilateral lower extremities were then flexed at the hips and knees and a pelvic tilting motion was done cephalad, oblique, and laterally to the right leg by the primary doctor, then to the left by the assisting doctor.

The patient was then turned on her right side by the assisting doctor. The right lower extremity was extended and supported by the surgical nurses. The primary doctor then administered a mild manipulation to the L1-S1 area. The patient was then turned on the

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(FAX)2013914701

P.016/023

left side and the same procedure was administered. Both the right and left sided manipulations elicited cavitations.

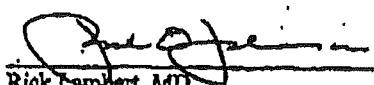
Piriformis bow-string stretch: With the patient in a side lying posture and following the adductor stretch, the patient's knee was held slightly past medial and the primary doctor contacted the knee with the hand. The force was applied toward the table with the help of the assisting surgeon and the piriformis muscle was then massaged. The force down the femur into the pelvic basin allowed for the relaxation of the piriformis muscle across the obturator foramina. With the assisting physician stabilizing the pelvis and femoral head, the primary physician extended the right lower extremity in the sagittal plane, and while applying the controlled traction radially stretched the peri-articular holding elements of the right hip by means of gradually describing approximately 30-35 degrees horizontal arc. The lower extremity was then tractioned straight caudal and internal rotation was accomplished. Using traction the lower extremity was gradually stretched into a horizontal arc to approximately 30 degrees. This procedure was then repeated for the opposite side.

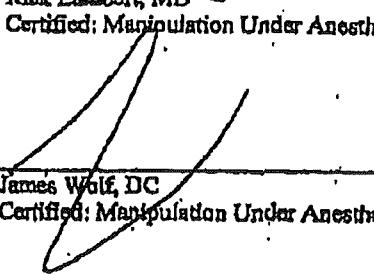
Manipulation of the Hips: The patient was maintained in a supine position. Patient's right hip was laterally flexed and supported by the primary doctor while the same hip was passively placed through all ranges of motion three times. Then the left hand of the primary doctor was placed slightly inferior and posterior to the hip joint on the femur and the hip was laterally flexed, and externally rotated, and a mild P-A thrust was applied eliciting a cavitation. The same procedure was repeated on the left side.

The MUA procedure was concluded at that point. Patient tolerated procedure very well and without incident. At the conclusion of the procedure, the patient was returned to the recovery room where proper monitoring equipment was utilized and was discharged in satisfactory condition as reported in the progress notes.

Post-Operative Care Day Two:

The patient was advised to spend the remainder of the day relaxing and avoiding any work or exertion. There were no restrictions on diet. Patient was further advised to resume regular regimen of medication prescribed prior to the procedure. Because the patient is returning tomorrow, there will be no eating or drinking after ten p.m. this evening.


Rick Lambert, MD
Certified: Manipulation Under Anesthesia


James Wolf, DC
Certified: Manipulation Under Anesthesia

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07/15/2010 08:21 10X6050

(FAX)2013914701

P.017/023

left side and the same procedure was administered. Both the right and left sided manipulations elicited cavitations.

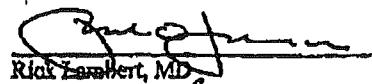
Piriformis bow-string stretch: With the patient in a side lying posture and following the adductor stretch, the patient's knee was held slightly past medial and the primary doctor contacted the knee with the hand. The force was applied toward the table with the help of the assisting surgeon and the piriformis muscle was then massaged. The force down the femur into the pelvic basin allowed for the relaxation of the piriformis muscle across the obturator foramina. With the assisting physicians stabilizing the pelvis and femoral head, the primary physician extended the right lower extremity in the sagittal plane, and while applying the controlled traction radially stretched the peri-articular holding elements of the right hip by means of gradually describing approximately 30-35 degree horizontal arc. The lower extremity was then tractioned straight caudal and internal rotation was accomplished. Using traction the lower extremity was gradually stretched into a horizontal arc to approximately 30 degrees. This procedure was then repeated for the opposite side.

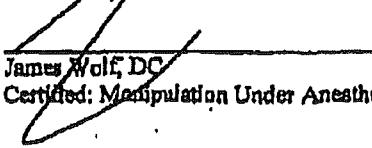
Manipulation of the Hips: The patient was maintained in a supine position. Patient's right hip was laterally flexed and supported by the primary doctor while the same hip was passively placed through all ranges of motion three times. Then the left hand of the primary doctor was placed slightly inferior and posterior to the hip joint on the femur and the hip was laterally flexed, and externally rotated, and a mild P-A thrust was applied eliciting a cavitation. The same procedure was repeated on the left side.

The MUA procedure was concluded at that point. Patient tolerated procedure very well and without incident. At the conclusion of the procedure, the patient was returned to the recovery room where proper monitoring equipment was utilized and was discharged in satisfactory condition as reported in the progress notes.

Post-Operative Care Day Three:

The patient was advised to spend the remainder of the day relaxing and avoiding any work or exertion. There were no restrictions on diet. Patient was further advised to resume regular regimen of medication prescribed prior to the procedure.


Rick Lashert, MD
Certified: Manipulation Under Anesthesia


James Wolf, DC
Certified: Manipulation Under Anesthesia

07/15/2010 08:22 KX5050

(FAX)2013914701

P.018023

Monty *Surgeon* *Lambert* S *urgical* Center

MRN: 0000715 DDS: 07/09/10
 BINKO STIFFIN
 DOB: 08/16/88 AGE: 21 Y
 DR: LAMBERT, RICK

MUA SUPER BILL SUMMARY
 PROCEDURE

	SPINE	HIP	PELVIS	SHOULDER	ELBOW	WRIST	HAND	KNEE	ANKLE
1:	22505	27275	27194	23700	24300	23259	21073	27570	27860
2:	22505	27275	27194	23700	24300	23259	21073	27570	27860
3:	22505	27275	27194	23700	24300	23259	21073	27570	27860
4:	22505	27275	27194	23700	24300	23259	21073	27570	27860
5:	22505	27275	27194	23700	24300	23259	21073	27570	27860
6:	22505	27275	27194	23700	24300	23259	21073	27570	27860

DIAGNOSIS

	SITE	PRIMARY Dx	SECONDARY Dx	TERTIARY Dx	QUADRINARY Dx
1:	Pelvis	738.6	718.45		
2:	L-SPINE	722.10	724.4		
3:					
4:					
5:					
6:					

P.008

07/12/2010 12:08

Rx Date/Time

Binko000084

07/15/2010 08:23 KX5050

621003 062442

(FAX)2013913701

P.019/023

Montvale S. Medical Center

Surgeon: L. L. Lammert

Co-Surgeon: Wolf

MRN:00000715 DOS:07/10/10
 BINKO: GRIFFIN
 DOB:08/16/88 AGE:21 Y
 DR: LAMBERT, RICK Y

MUA SUPER BILL SUMMARY
PROCEDURE

	SPINE	HIP	PELVIS	SHOULDER	ELBOW	WRIST	HAND	KNEE	ANKLE
1	22505	27275	27194	23700	24300	23259	21073	27570	27860
2	22505	27275	27194	23700	24300	23259	21073	27570	27860
3	22505	27275	27194	23700	24300	23259	21073	27570	27860
4	22505	27275	27194	23700	24300	23259	21073	27570	27860
5	22505	27275	27194	23700	24300	23259	21073	27570	27860
6	22505	27275	27194	23700	24300	23259	21073	27570	27860

DIAGNOSIS

	SITE	PRIMARY Dx	SECONDARY Dx	TERTIARY Dx	QUADRINARY Dx
1	Pelvis	738.6		718.45	
2	L. Spine	722.10		724.4	
3					
4					
5					
6					

P.009

07/12/2010 12:08

RX Date/TIME

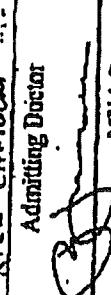
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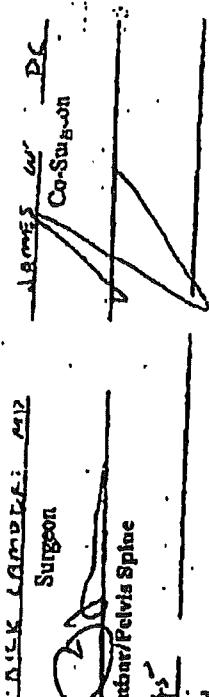
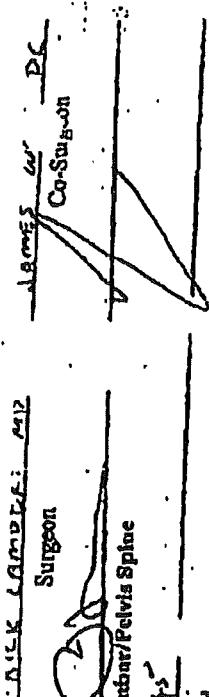
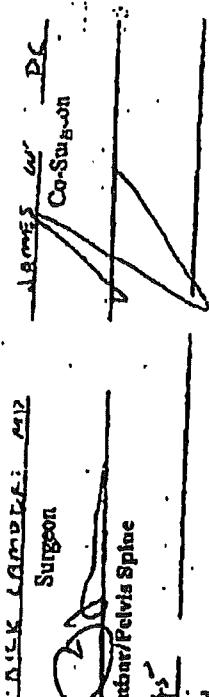
(FAX)2013914701

P.020/023

MRN: 0000715 DOS: 07/10/10 Admitting Doctor 
 BTHKO: GRIFFIN
 DOB: 08/16/88 AGE: 21 Y
 DR: LAMBERT, RICK
 MUA Progress Note: Lumbosacral/Pelvis Spine
 7/30/10 — 7/30/10

Admitting Dr:

7/30/10 — 7/30/10

MRN: 0000715 DOS: 07/10/10 Admitting Doctor 
 Surgeon 
 Co-Surgeon 

R.O. or Joint	Date	Date									
		Left	Right								
Pain Q/R:	5/10	5/10	5/10	5/10	5/10	5/10	5/10	5/10	5/10	5/10	5/10
Flexion:	45°/10°										
Extensor:	25°/25°										
Right Flexion:	15°/25°										
Left Flexion:	20°/25°										
Right Rotation:	110°	70°	ES-55°	110°	70°	ES-55°	110°	70°	ES-55°	110°	70°
Left Rotation:	110°	70°	ES-55°	110°	70°	ES-55°	110°	70°	ES-55°	110°	70°
ROM/Rip:											
Pelvis/VAS:	110	9-110	110	9-110	110	9-110	110	9-110	110	9-110	110
Flexion:	110°	100/120°	110°	100/120°	110°	100/120°	110°	100/120°	110°	100/120°	110°
Extension:	85°	85°	85°	85°	85°	85°	85°	85°	85°	85°	85°
External Rot:	30°	30°	30°	30°	30°	30°	30°	30°	30°	30°	30°
Internal Rot:	140°	125°	140°	125°	140°	125°	140°	125°	140°	125°	140°
Abd/Ext:	145°	140°	145°	140°	145°	140°	145°	140°	145°	140°	145°
Abd/Ext:	130°	120°	130°	120°	130°	120°	130°	120°	130°	120°	130°
Flex:											
SLR:	Neg. (F+)	15°	Neg. (F+)	15°	Neg. (F+)	15°	Neg. (F+)	15°	Neg. (F+)	15°	Neg. (F+)
Pastenes:	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)
Graves:	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)
Tend/Length:	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)	Pas.	(F+)
Valsalva:	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent
DTT:											
Symposium:											
Derm:											
Trigger Points:	② Q.L. (P) Pelvis, Circles.										
Change in ROM:	N/A Dif.										
Change in Delt:	N/A Dif.										
Change in Test:	N/A Dif.										

P.010

07/12/2010 1208

RX Date/time

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07/15/2010 08:24 KX5050

(FAX)2013914701

P.021/023

Admitting Doctor		Surgeon	
			
MRN:0000715 DTS:07/10/10		MUA Progress Note Lumbosacral Spine	
BINKO GRIFFIN		7/18/10	
DOB:08/16/88 AGE:21 Y		7/18/10	
DR. LAMBERT, RICK		7/18/10	
7/30/10		7/24/10	
Admitting Dx:			

R.O.M. Number	Date		Order	Date	
	Left	Right		Left	Right
Right DORSO V.A.S.	7/10	7/10	1/10	1/10	1/10
Flexion:	115°	100/110°	112.5°	112.5°	112.5°
Extension:	115°	115°	115°	115°	115°
Right Flexion:	115°	115°	115°	115°	115°
Left Flexion:	115°	115°	115°	115°	115°
Right Rotation:	70°	70°	70°	70°	70°
Left Rotation:	70°	70°	70°	70°	70°
Right Lateral:	Left 110°	Right 110°	Left 110°	Right 110°	Left 110°
Left Lateral:	Right 110°	Left 110°	Right 110°	Left 110°	Right 110°
Right DORSO L.	110°	110°	110°	110°	110°
Abduction:	110°	110°	110°	110°	110°
Adduction:	110°	110°	110°	110°	110°
External Rot:	110°	110°	110°	110°	110°
Internal Rot:	110°	110°	110°	110°	110°
Abd.:	110°	110°	110°	110°	110°
Add.:	110°	110°	110°	110°	110°
Flex:	Left 110°	Right 110°	Left 110°	Right 110°	Left 110°
Stra:	Neg (Neg) 75°	Neg (Neg) 75°	Neg Pos	Neg Pos	Neg Pos
Permits:	(Neg) Pos	Neg (Pos)	Neg Pos	Neg Pos	Neg Pos
Genuvalgus:	(Neg) Pos	Neg (Pos)	Neg Pos	Neg Pos	Neg Pos
Trendelenburg:	(Neg) Pos	Neg (Pos)	Neg Pos	Neg Pos	Neg Pos
Valsalva:	Abdom. Present				
DTR:	2+ (2+)	2+ (2+)	2+ (2+)	2+ (2+)	2+ (2+)
Myotones:	5/5 (5/5)	5/5 (5/5)	5/5 (5/5)	5/5 (5/5)	5/5 (5/5)
Deep:					
Triggr Points:	0/0/0	0/0/0	0/0/0	0/0/0	0/0/0
Change in ROM:	MUA Day 1				
Change in Pain:	MUA Day 1				
Change in Tens:	MUA Day 1				

P.011

07/12/2010 12:08

RX Date/Time

Binko000087

621003.001442

07/15/2010 08:24 IX5050

(FAX)2013914701

P.022/023

Griffith Binko consultation con't 6-30-10

Review of Medical Records

MRI LUMBAR SPINE (1/5/10):

(B) HERNIATED DME L5-S1, COMPRESSION

(B) S1 NERVE ROOT + THICKENING

EMG (5/25/10):

WTW (B) S1 radiculopathy

621001.001442

07/15/2010 08:25 KX5050

(FAX) 2013914701

P.023/023

Griffith Binko consultation cont'd 6-30-10

Review of Systems: other than the symptoms associated with the present events, the following is reported with regard to recent health.

General (-) fever (-) weight loss (-) fatigue

C

EENT (-) congestion (-) headaches (-) visual problems (-) sore throat

C

Cardiovascular (-) chest Pain (-) claudication (-) palpitations

C

Pulmonary (-) cough (-) dyspnea (-) ankle edema

C

GI (-) abdominal pain (-) n/v (-) diarrhea (-) constipation (-) bleeding

C

GU (-) dysuria (-) hematuria

C

Neuro (+) local weakness (-) memory loss (+) numbness

ace. @ 1/2

Musculo/
Skeletal (-) joint pain (+) stiffness (-) joint swelling

1 hr / @ 1/2 hr / day

Psych (-) emotional stress (-) depression (-) anxiety (+) insomnia

20 min

631005, 001442

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JAN 3 2011

CERTIFIED MAIL

EXHIBIT C

621002.001442



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work

November 3, 2010

GRiffin BINKO
9 SMITHVILLE ROAD
HEWITT NJ 07421

Dear Mr. Binko:

Rc: Griffin Binko
ID: 3HZN08017100
Plan: ASC
Date(s) of Service: 7/8/10, 7/9/10 & 7/10/10
Physician: In Balance Health
Claim: 20101970218000 /multi

The medical documentation submitted for the above services has been reviewed by Horizon Medical Director, John Napoli, M.D.. After consideration of all the information provided, it has been determined that medical necessity is not established.

This determination is based on the following:

"CPT code 22505 is denied for all dates of service. Manipulation of the spine under anesthesia is investigational." (Horizon BCBSNJ Medical Policy # 079; and investigational services are an exclusion in the contract benefits.)

"CPT code 27194 denied for all dates of service. The documentation provided does not support the medical necessity for this procedure."

Your plan only provides coverage for services deemed by us to be medically necessary and appropriate.

Additional medical records or other documentation that clearly establish the medical necessity for these services should be submitted in order for us to reconsider this determination.

If you disagree with this decision, you, your physician or other authorized representative have the right to appeal on the member's behalf. For information on our appeal process and what further rights you may have, please refer to the enclosure included with this determination letter. In your particular case, rather than the address noted on the brochure, please submit your appeal directly to:

Horizon Blue Cross Blue Shield of New Jersey
Penn Plaza, Mail Station PP-14T
Newark, New Jersey 07105-2200
Attn: Clinical Analysis and Monitoring Unit

Thank you for your cooperation.

Sincerely,

Clinical Analysis and Monitoring Unit
Health Affairs

Enclosure